

Louisiana Office of Aging and Adult Services Non-Residential Provider Self-Assessment

In January 2014, the Centers for Medicare and Medicaid Services (CMS) announced a requirement for states to review and evaluate current Home and Community-Based Services (HCBS) Settings, including residential and non-residential settings, and to demonstrate compliance with the new federal HCBS Setting rules that went into effect March 17, 2014. These rules were developed to ensure that individuals receiving long-term services and supports through HCBS programs under Medicaid waiver authorities have full access to benefits of community living and the opportunity to receive services in the most integrated setting appropriate. The following self-assessment is designed to measure HCBS non-residential providers' current level of compliance with these HCBS Setting rules and provide a framework for assisting those providers with the necessary steps to compliance.

Instructions:

Non-Residential provider assessment process: **5/1/15 – 5/31/15**

1. Providers of Adult Day Health Care services provided through the Community Choices or Adult Day Health Care waivers must complete one self-assessment for each licensed HCBS setting they own, co-own, and/or operate.
2. Providers must demonstrate compliance with HCBS setting rules by providing evidence that policies and procedures are in place and regularly assessed for effectiveness AND made available to individuals receiving services. The following self-assessment contains a set of questions designed to measure each provider's level of compliance with HCBS rules. The following section includes a series of "YES/NO" questions and requests for documentation, or evidence, to 1) demonstrate current level of compliance or 2) submit a plan and timeline for reaching compliance.
3. Documentation that will be deemed acceptable evidence to demonstrate compliance may include, but is not limited to:
 - Advisory Council/Committee Assessment
 - Provider Policies/ Procedures
 - Consumer Handbook
 - Staff training curriculum and materials
 - Training Schedules
4. For every "YES" response you must provide evidence to support compliance. For every "NO" response you must address in your corrective action plan and include timelines for meeting compliance or provide evidence that your service setting does not have the qualities of an institution. Before beginning your self-assessment process, please indicate if you intend to meet all HCBS Setting Rule compliance requirements:

Select: "YES or NO"

If “YES”, please continue beginning with Section A below.

If “NO”, please enter the total number of individuals served through a 1915(c) Medicaid waiver (Adult Day Health Care or Community Choices) that will need to be transitioned to another provider.

Section A - Provider Information																							
Name of ADHC:																							
Number of individuals currently served under the Adult Day Health Care or Community Choices waiver:																							
<p>Name and ‘Role’ of Stakeholder Group: For purposes of this self-assessment, 'Role' is defined as consumer, family member, agency staff (including executive staff), support coordinator and community advocate. Each provider is required to conduct a self-assessment with a stakeholder group that includes at a minimum provider staff, a participant(s), and a participant family member(s). The group may also include a support coordinator, an advocate from an advocacy organization not directly affiliated with the provider agency, or other stakeholders of your choosing. In this section, enter the first and last names and role (consumer, family member, etc.) of each stakeholder involved in your self-assessment process.</p> <table border="1"> <thead> <tr> <th>Name</th> <th>Role</th> </tr> </thead> <tbody> <tr><td>1.</td><td></td></tr> <tr><td>2.</td><td></td></tr> <tr><td>3.</td><td></td></tr> <tr><td>4.</td><td></td></tr> <tr><td>5.</td><td></td></tr> <tr><td>6.</td><td></td></tr> <tr><td>7.</td><td></td></tr> <tr><td>8.</td><td></td></tr> <tr><td>9.</td><td></td></tr> <tr><td>10.</td><td></td></tr> </tbody> </table>		Name	Role	1.		2.		3.		4.		5.		6.		7.		8.		9.		10.	
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<p>Methodology for Completing Self-Assessment: In this section, please briefly describe your agency's approach to completing the self-assessment process. For example, how did you determine the persons selected to represent the required roles of the stakeholder group? Did you convene meetings or conference calls? Was each member of the stakeholder group provided with a copy of the self-assessment tool? Who was responsible for which aspects of the self-assessment? How did you get to unanimous agreement on results of the self-assessment before submission?</p>																							

Section B <i>Demonstrate that the setting has access to integrated community living in which individuals' abilities to interact with the broader community are not limited</i>		
Physical Location	YES/NO	Required Evidence of Compliance with HCBS rules
1. The service setting is NOT located in a building that is also a publicly or privately operated Nursing Facility, Institution for Mental Disease, Intermediate Care Facility for Individuals with Developmental Disabilities, or Hospital). <i>A "YES" response indicates agreement with this statement.</i>		
2. The service setting is NOT located in a building, on the grounds of, or immediately adjacent to, a public institution that has the effect of isolating individuals receiving Medicaid HCBS. <i>A "YES" response indicates agreement with this statement.</i>		
3. The provider does NOT own or operate multiple locations on the same street.		
4. The service setting is NOT in a gated/secured 'community' for people with disabilities.		
5. The service setting is NOT located in a disability-specific community.		
6. Does the provider provide options for community integration and utilization of community services in lieu of onsite services (including medical, behavioral, therapeutic or recreational services that may be offered on site)?		

Individual Choice	YES/NO	Required Evidence of Compliance with HCBS rules
7. Was the individual provided a choice regarding the services, provider and settings and/or the opportunity to visit/understand the options?		
8. Does the setting afford individuals the opportunity to regularly and periodically update or change their preferences?		
9. Does the setting ensure individuals are supported to make decisions and exercise autonomy to the greatest extent possible?		
10. Does setting ensure the individual is supported in developing plans to support her/his needs and preferences?		
11. Is setting staff knowledgeable about the capabilities, interests, preferences and needs of individuals?		
12. Does the setting post or provide information to individuals about how to make a		

request for additional HCBS, or changes to their current HCBS?		
13. Does the setting assure that tasks and activities are comparable to tasks and activities for people of similar ages who do not receive HCB services?		

Community Integration	YES/NO	Required Evidence of Compliance with HCBS Rules
14. Does the setting reflect individual needs and preferences and does its policies ensure the informed choice of the individual?		
15. Does the individual regularly access the community and is he or she able to describe how he or she accesses the community, who assists in facilitating the activity and where he or she goes?		
16. Does the setting make materials and/or resources available to its participants to increase awareness of activities occurring outside of the setting?		
17. Do the setting options include the opportunity for the individual to choose to combine more than one service delivery setting or type of HCBS in any given day/week (e.g. combine ADHC with in-home services)?		
18. Are individuals able to come and go at any time (e.g. can a family member check them out during the day)?		
19. Do individuals talk about activities occurring outside of the setting?		
20. Does the setting afford opportunities for individuals to have knowledge of or access to information regarding age-appropriate activities including competitive work, shopping, attending religious services, medical appointments, dining out, etc. outside of the setting, and who in the setting facilitates this?		
21. Is the setting in a community/building located among other residential buildings, private businesses, retail businesses, restaurants, doctor's offices, etc. that facilitates integration with the greater community?		
22. Does the setting encourage visitors or other people from the greater community (aside from paid staff) to be present, and is there evidence that visitors have been present at regular frequencies? For example, do visitors greet/acknowledge individuals receiving services with familiarity when they encounter them, are visiting hours unrestricted, or does the setting otherwise encourage interaction with the public (for example, are family members or friends allowed or encouraged to visit)?		
23. Does the setting provide individuals with contact information to access and training		

on the use of public transportation, such as buses, taxis, etc., and are these public transportation schedules and telephone numbers available in a convenient location?		
24. Alternatively where public transportation is limited, does the setting provide information about resources for the individual to access the broader community, including accessible transportation for individuals who use wheelchairs?		

Rights and Privacy	YES/NO	Required Evidence of Compliance with HCBS rules
25. Is all information about individuals kept private? For instance, do paid staff/providers follow confidentiality policy/practices and does staff within the setting ensure that, for example, there are no posted schedules of individuals for PT, OT, medications, restricted diet?		
26. Does the setting assure that staff interact and communicate with individuals respectfully and in a manner in which the person would like to be addressed, while providing assistance during the regular course of daily activities?		
27. Do the setting requirements assure that staff do not talk to other staff about an individual(s) in the presence of other persons or in the presence of the individual as if s/he were not present?		
28. Does the setting policy ensure that each individual's supports and plans to address behavioral needs are specific to the individual and not the same as everyone else in the setting and/or restrictive to the rights of every individual receiving support within the setting?		
29. Does the setting offer a secure place for the individual to store personal belongings?		
30. Does the setting support individuals who need assistance with their personal appearance and is personal assistance, provided in private, as appropriate?		

Individual Initiative, Autonomy, and Independence	YES/NO	Required Evidence of Compliance with HCBS rules
31. Are there gates, Velcro strips, locked doors, fences or other barriers preventing individuals' entrance to or exit from certain areas of the setting? If answering Yes to any of the above examples is to ensure safety of participants please explain.		
32. Does the physical environment support a variety of individual goals and needs (for		

example, does the setting provide indoor and outdoor gathering spaces; does the setting provide for larger group activities as well as solitary activities; does the setting provide for stimulating as well as calming activities)?		
33. Does the setting afford opportunities for individuals to choose with whom to do activities in the setting or outside the setting or are individuals assigned only to be with a certain group of people?		
34. Does the setting allow for individuals to have a meal/ snacks at the time and place of their choosing? For instance, does the setting afford individuals full access to a dining area with comfortable seating and opportunity to converse with others during break or meal times, afford dignity to the diners (i.e., individuals are treated age-appropriately and not required to wear bibs)?		
35. Does the setting provide for an alternative meal and/or private dining if requested by the individual?		
36. Do individuals have access to food at any time consistent with individuals in similar and/or the same setting who are not receiving Medicaid-funded services and supports?		
37. Does the setting post or provide information on individual rights?		
38. Does the setting afford the opportunity for tasks and activities matched to individuals' skills, abilities and desires?		
39. Does the setting afford opportunities for individual schedules that focus on the needs and desires of an individual and an opportunity for individual growth?		
40. Does the setting allow individuals the freedom to move about inside and outside of the setting as opposed to one restricted room or area within the setting? For example, do individuals receive HCBS in an area of the setting that is fully integrated with individuals not receiving Medicaid HCBS?		
41. Is the setting physically accessible, including access to bathrooms and break rooms, and are appliances, equipment, and tables/desks and chairs at a convenient height and location, with no obstructions such as steps, lips in a doorway, narrow hallways, etc., limiting individuals' mobility in the setting? If obstructions are present, are there environmental adaptations such as a stair lift or elevator to ameliorate the obstructions?		

Policy Enforcement	YES/NO	Required Evidence of Compliance with HCBS Rules
42. Do paid and unpaid staff receive new hire training and continuing education related to the rights of individuals receiving services and member experience as outlined in HCBS rules?		
43. Are provider policies outlining rights of individuals receiving services and member experience made available to individuals receiving services?		
44. Are provider policies on member experience and HCBS rules regularly reassessed for compliance and effectiveness and amended, as necessary?		

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